

Pet Information

Name: _____

Breed : _____

Age/DOB: _____

Weight/Color: _____

Sex: Male ☐ Female ☐

Microchips No: _____
**Mandatory*

Dog License : _____
**Mandatory*

Last Vaccination: _____

Kennel Cough
Vaccination : Yes ☐ No ☐
**Mandatory*

Last Vaccination: _____

Heart Guard
Prevention : Yes ☐ No ☐
**Mandatory*

Last Taken/Brand: _____

Any Allergy : Yes ☐ No ☐
**Mandatory*

Please Specify : _____

Photo Here

Medical History

None

Owner Information

Owner Name :

Contact No:

Email :

Home Address :

Emergency Contact:

Vet Name :
(if any)

Package Detail :

Payment Method
Preferred :

Owner Notes: Any Specify Instruction

Please refer to the notes given by owner

Does your dog have any friends coming to Chow Cute? If yes, Please List:

Describe your dog's play style? Any medical conditions/ problems? Yes / No

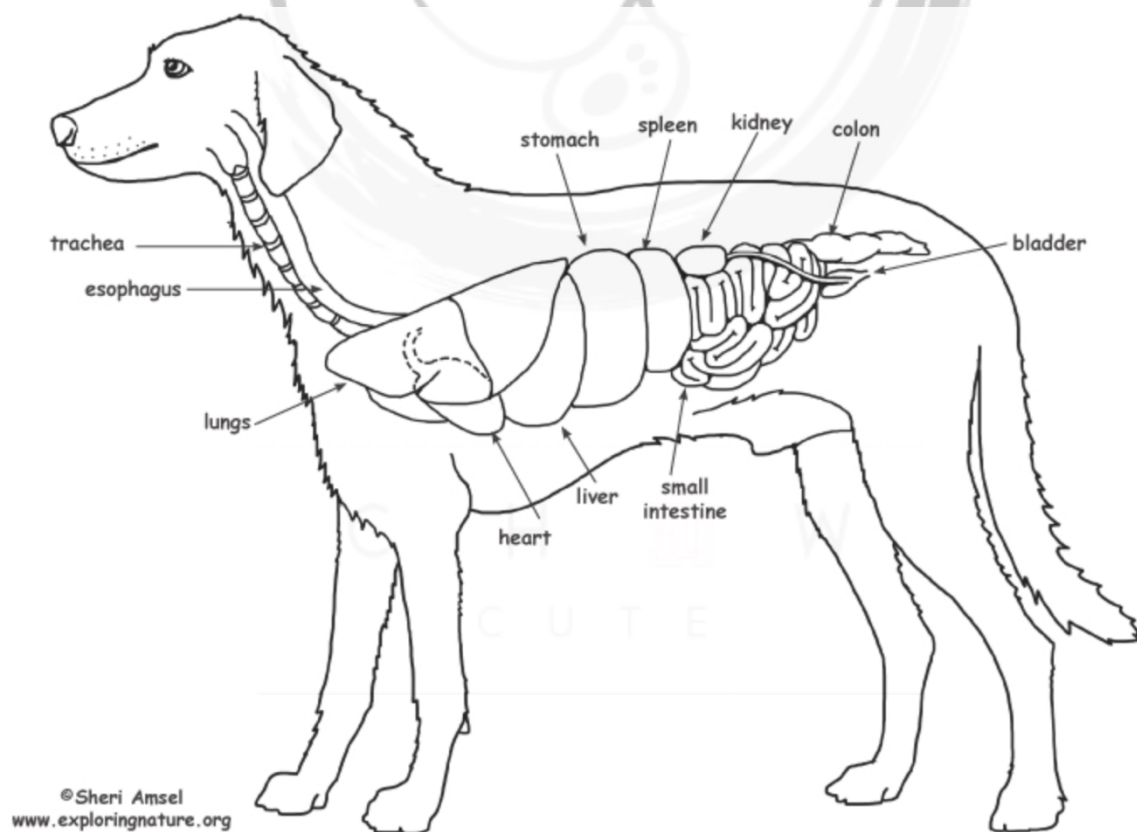
If yes, please list: _____

Has your dog been treated for any medical problems within the past 30 days? Yes / No

If yes, please explain: _____

Medications (Please list names and dosing schedules):

Any dietary restrictions? _____



Has your dog have any past injury we should take note and beware? Yes / No

If yes, please circle and indicated the injury on the anatomy.

Consent Form and Indemnity

For Pets of Same Household to stay in same cabin

I _____ the owner of _____ (dog name) and _____ (dog name) would like board both dogs in the same room and has assessed them to be compatible in behaviour and has no occurrence of fight or aggression . I will not take Chow Cute liable if there is any fight or injury occurred during their stay together. I also give the right to Chow Cute to assess the compatibility and in the event of aggression , to separate the both dogs to be put in different cabin and will pay the extra cabin fees if this occurred .

I understand that Chow Cute has advised that not more than 2 dogs should be put together in the same cabin if either dogs are more than 10kgs or exceed the requirement stipulated by boarding requirement

Signature: _____

Name: _____

Date: _____

C H W
C U T E

WAIVER OF LIABILITY : TERMS AND CONDITIONS

1. In the rare case of an emergency or health concerns, we will contact you immediate or the emergency contact given. If both cannot be reached on time , the management of chow cute reserve the right to send the pet to the vet and the owner agreed to pay for the vet fees and transport if assessment was not due to chow cute negligence.
2. We shall administer aid and non-prescription treatments, as needed.
3. If veterinarian attention is deemed necessary, we shall take your pet to your veterinarian of record; or, to a 24-hour, veterinary emergency hospital if your vet is not available.
4. During the stay with us if we spotted contagious disease like ringworm etc, we reserve the right to bring to the vet to access the condition and if it is highly contagious , we will leave the pet to the care of the vet and inform the owner and all expense of the vet will be borne by the owner .
5. With admittance, you accept responsibility for any expenses resulting from such outside treatment, as needed in the event of accidental injury, illness, or symptoms, arising during or after your pet's stay with us.
6. Please understand that despite Paw Labb Pte Ltd commitment to the highest standard of pet care and supervision and to facility design and cleanliness, accidental injury and illness may occur.
7. Pet owners are solely responsible and liable for any and all actions of their pet during the stay at Paw Labb Pte Ltd, including, and not limited to, injury themselves or to another pet and Paw Labb Pte Ltd staff member, or a member of the public.
8. All information given to us in this form are true and accurate
9. All vaccination and dog license are up to date
10. In the event that the vaccination or dog license expired , we deserve the right not to accept the pet

Your signature acknowledges your awareness and acceptance of our policies, for this and all future visits. Thank you for your trust in allowing us to care for your pet, a member of your family and of ours.

Signature: _____

Name: _____

Date: _____

For Official Use

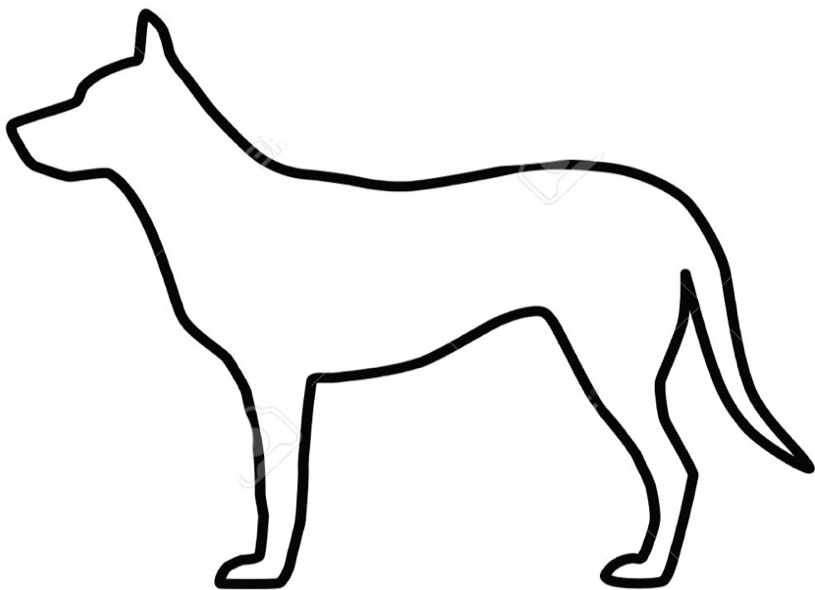
Pre Check-In Information

Done By : _____ (Staff Name)

Temperament

Friendly	Aggressive	☒	☐	☐	☐	☐
Playful	Timid	☐	☐	☒	☐	☐
Explorer	Fearful	☐	☐	☒	☐	☐
Talkative	Quiet	☐	☐	☒	☐	☐
Extrovert	Introvert	☐	☐	☒	☐	☐

Please Indicate on the diagram if there is any injury or medical condition.
Eg: Surgery , Skin issues, Bites etc



For Official Use

Check-In Form

Date:
Check In:
Check Out:

Mood
    

Medication
 

Meals
 

Bowel Movements
  Normal
  Soft
  Diarrhea
 
 Frequency 

General Notes
 
 